

# UNITED STATES DISTRICT COURT

ATTACHMENT 5

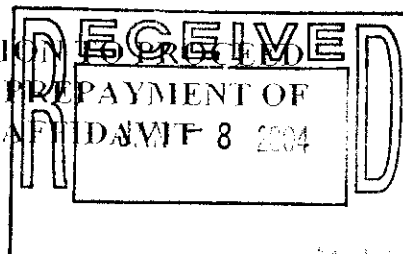
District of \_\_\_\_\_

Plaintiff

v.

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT 8 2004



CASE NUMBER

04 10111 *GAO*

I, Gregory Fisher declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Prison Co.

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Aug 2002 666 Hertel Avenue Client Legat approx 16K annual

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I am married with one child and cannot contribute to their support!

I declare under penalty of perjury that the above information is true and correct.

Jan 2nd 04      [Signature]  
Date      Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

## Account Activity Ledger

From : 10/07/2002 To : 12/01/2003

Comment	Trx Date	Time	Batch /Inv #	Trx Type	Invoice	Deposit	Withdrawal	Balance Forward
ID 120416	Name FISHER, GREGORY A			Block GA		Previous Balance		0.00
REFUND 7/7/02: COST	08/01/2003	15:02	B#36349	W		5.00		5.00
COST OF CARE FEE	08/02/2003	01:06	B#36354	W		-5.00		0.00
			Deposits	0	For \$	0.00		
			Withdraws	2	For \$	0.00		
			Invoices	0	For \$	0.00		
			Outstanding Debt		\$	2,652.61		

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE REV. 1/90

IN UNITED STATES  
IN THE CASE OF

MAGISTRATE

DISTRICT

APPEALS COURT

OTHER PANEL (Specify below)

IN THE CASE OF  
Gregory Fisher vs Sheriff Gregory

FOR

AT

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

PERSON REPRESENTED: (Print name)

GREGORY FISHER

CHARGE OFFENSE (describe applicable &amp; check box)

Felony

Misdemeanor

- 1 Detendant - Adult
- 2 Detendant - Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Parole Violator
- 6 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other (Specify)

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
		Name and address of employer: _____	IF NO, give month and year of last employment _____
		IF YES, how much do you earn per month? \$ _____	How much did you earn per month \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		SOURCES
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		
CASH	Have you any cash on hand or money in savings or checking account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, state total amount \$ _____
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE VALUE AND DESCRIBE IT		
DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
	<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	1	
DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt Monthly Payt.
	(LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CREDIT CARD, ETC.)		

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

I certify the above to be correct.

Gregory Fisher

**WARNING:** A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.